

**Best Available Copy**  
**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	01-14-99
FORMALITY REVIEW		11557-	1/22/99

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	3	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	6									
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17	10									
11	11									
18	12									
19	13									
25	14									
26	15	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	16	N	N	N	N	N	N	N	N	N
27	17	N	N	N	N	N	N	N	N	N
5	18	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	19	N	N	N	N	N	N	N	N	N
20	20	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	21									
22	22									
23	23									
24	24	N	N	N	N	N	N	N	N	N
25	25	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	26	N	N	N	N	N	N	N	N	N
27	27	N	N	N	N	N	N	N	N	N
28	28	N	N	N	N	N	N	N	N	N
29	29	✓	✓	✓	✓	✓	✓	✓	✓	✓
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14	49									
15	50	✓	✓	✓	✓	✓	✓	✓	✓	✓

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
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Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
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If more than 150 claims or 10 actions  
 staple additional sheet here

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